

42 NORTH PARTNERS

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May 19, 2014

To: The Michigan State House Health Policy Committee

Gail Haines	Klint Kesto	Mike Callton	Martin Howrylak
Hugh D. Crawford	George Darany	Bob Genetski	Mike Shirkey
David Knezek	Frank Foster	Kate Segal	Tom Hooker
Thomas Stallworth	Ken Yonker	Winnie Brinks	Dale Zorn
Phil Cavanagh	Joseph Graves	Phil Phelps	

RE: Senate Bill 690

Dear Members of the House Health Policy Committee:

As a business leader in the Grand Rapids area I am writing in support of Senate Bill 690. SB 690 removes unnecessary barriers for patient access to physical therapy services.

Physical therapists are appropriately trained to independently evaluate patients to determine their rehabilitation needs and are able to identify problems requiring physician evaluation and/or management. Having been hit while waiting at red lights three times (two accidents the impact being over 55 mph), I have been a patient who has had to attend intermittent physical therapy episodes of care. It would make sense to me that to expedite care and decrease costs, having direct access to care would be beneficial for health care consumers. I have found it frustrating, time consuming, and service delaying to call my primary care physician, coordinate a visit in a timely manner, and then have to attend a primary care office visit in order to get a referral to see my physical therapist. This process is time consuming and costly.

Existing research evidence indicates that direct consumer access to physical therapy services is cost effective. Timeliness of starting PT care sooner would also speed earlier recovery, again saving health care costs across the board. Michigan is one of only two states that continue to deny direct consumer access to the services of a physical therapist. This is bad for the patient and Michigan employers as it extends employee downtime and increases time away from work. It is my understanding that there is no payment mandate associated with SB 690. Rather, the tie-barred bills expressly allow insurance companies to continue to require a physician referral if they so desire. However, it is not clear to me as to why third-party payers would continue with a policy that is contrary to existing evidence.

Thank you for consideration of this written testimony in support of Senate Bill 690.

Very truly yours,

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Michael J. Jandernoa

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